



MOTOR CLUB KEY REPLACEMENT FORM

Member Name: _____ Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Membership Number: _____ Membership Start Date: _____

Replacement Date: _____ Replacement Amount: _____

Vehicle Year: _____ Make: _____ Model: _____

Describe Key Issue (select one): Lost Inoperable

Circumstances of the issue:

Please send the completed and signed claim form along with required documentation to:

Reimbursement Administrator – Key Replacement
10751 Deerwood Park Blvd., Suite 200
Jacksonville, FL 32256

FMCclaims@fortegra.com | F: 760.969.1125

THE INFORMATION STATED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
NOTICE: Any person who knowingly and with intent to defraud files a statement containing any materially false information, or who conceals for the purpose of misleading any information concerning any factual material thereto, commits a fraudulent act, which is a crime. By signing, I authorize the administrator and all authorized representatives to verify all information and documentation provided by me and contained in this form.

Claimant's Signature: _____ Date: _____